

U.S. Department of Justice
United States Marshals Service**FILED****PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

| | | |
|--|--|---|
| PLAINTIFF Kevin B. Prasad | MAR 24 2023 United States Marshal MAR 22 2023 | COURT CASE NUMBER 4:22-cv-02720-JST |
| DEFENDANT County of San Mateo | CLERK, U.S. DISTRICT COURT NORTH DISTRICT OF CALIFORNIA OAKLAND OFFICE Northern District of | TYPE OF PROCESS Summons, Order and Complaint |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN San Mateo County | | |
| ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 400 County Center, Redwood City, CA 94063 | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Kevin B. Prasad 1222492 Maguire Correctional Facility 1300 Maple Street Redwood City, CA 94063 | | Number of process to be served with this Form 285 3 Number of parties to be served in this case 1 Check for service on U.S.A. |
| SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): | | |

Signature of Attorney other Originator requesting service on behalf of:


☒ PLAINTIFF
☐ DEFENDANT

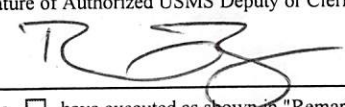
TELEPHONE NUMBER

(415) 522-2099

DATE

3/16/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

| | | | | | |
|--|--------------------|------------------------------|-----------------------------|--|--|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process 3 | District of Origin No. 11 | District to Serve No. 11 | Signature of Authorized USMS Deputy or Clerk  | Date 3/22/2023 |
| I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. | | | | | |
| <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) | | | | | |
| Name and title of individual served (if not shown above) | | | | Date | Time <input type="checkbox"/> am <input type="checkbox"/> pm |
| Address (complete only different than shown above) | | | | Signature of U.S. Marshal or Deputy | |

Costs shown on attached USMS Cost Sheet >>

REMARKS

FILED

MAR 24 2023

CLERK U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
OAKLAND OFFICE